



# Department of Medicaid

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**TO:** Contracted Medicaid Managed Care Organizations

**FROM:** James Tassie, Deputy Director  
Office of Managed Care

**DATE:** November 18, 2022

**SUBJECT:** Zolgensma Coverage Under Medicaid Hospital Benefit

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The Ohio Department of Medicaid (ODM) offers coverage of Zolgensma under the Ohio Medicaid Fee-for-Service (FFS) hospital benefit. Zolgensma is a one-time-only gene therapy for the treatment of children less than 2 years old with spinal muscular atrophy (SMA). More information about Zolgensma can be found here: <https://www.zolgensma.com/>.

Claims guidance below explains how coverage of the drug is handled in the managed care delivery system. Managed care organizations (MCOs) are required to cover, and provide payment for, all medically necessary inpatient or outpatient hospital claims associated with the treatment of these individuals. Regardless of the setting and the payer (FFS or Managed Care), Zolgensma must be prior authorized through FFS. The approved prior authorization will be shared with the appropriate MCO for care management purposes.

## Outpatient Hospital Setting

- The hospital submits all services, except for Zolgensma, provided on the date of service on an outpatient claim to the MCO.
- The hospital submits a fee-for-service outpatient claim for Zolgensma and only bill for drug acquisition charges on revenue code 631 with J3399 or J3490 and Zolgensma product specific NDC.

## Inpatient Hospital Setting

- The hospital submits an inpatient claim for the admission, except for Zolgensma, to the MCO.
- The hospital submits a fee-for-service outpatient claim for Zolgensma and only bill for drug acquisition charges on revenue code 631 with J3399 or J3490 and Zolgensma product specific NDC.

ODM coverage of Zolgensma is effective for dates of service on or after May 24, 2019 – the date of the Federal Drug Administration approval.